



12-19-05

2155  
JPW

Attorney Docket No. 089339-0367

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Lautenbacher, Markus

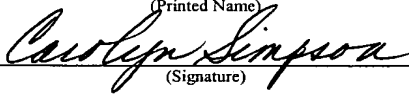
Title: SERVICE SYSTEM FOR AN  
IP-BASED  
COMMUNICATION  
NETWORK

Application No.: 09/868,277

Filing Date: 06/15/2001

Examiner: Nawaz, Asad M.

Art Unit: 2155

|  |                   |
|--|-------------------|
| <b>CERTIFICATE OF EXPRESS MAILING</b>  |                   |
| I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |                   |
| <b>EV593167358</b>   | <b>12/16/05</b>   |
| Express Mail Label Number)   | (Date of Deposit) |
| Carolyn Simpson  |                   |
| (Printed Name)   |                   |
|    |                   |
| (Signature)  |                   |

Mail Stop **AMENDMENT**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO RESTRICTION REQUIREMENT TRANSMITTAL**

Transmitted herewith is a Response to Restriction Requirement in the above-identified patent application.

- [ X ] Response to Restriction Requirement (2 pages).
- [ X ] Request for Corrected/Updated Filing Receipt (2 pages).
- [ X ] Copy of official Filing Receipt dated July 30, 2001 (3 pages).

☒ The fee required for additional claims is calculated below:

|  | Claims<br>As<br>Amended |   | Previously<br>Paid For |   | Extra<br>Claims<br>Present |   | Rate     |   | Additional<br>Claims Fee |
|--|-------------------------|---|------------------------|---|----------------------------|---|----------|---|--------------------------|
| Total Claims:  | 11                      | - | 20                     | = | 0                          | x | \$50.00  | = | \$0.00                   |
| Independent<br>Claims:                               | 4                       | - | 5                      | = | 0                          | x | \$200.00 | = | \$0.00                   |
| First presentation of any Multiple Dependent Claims: |                         |   |                        |   |                            |   |          | + | \$360.00 = \$0.00        |
| CLAIMS FEE TOTAL                                     |                         |   |                        |   |                            |   |          |   | = \$0.00                 |

☐ The Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

|  |            |        |
|--|------------|--------|
| <input type="checkbox"/> Extension for response filed within the first month:  | \$120.00   | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the second month: | \$450.00   | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the third month:  | \$1,020.00 | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the fourth month: | \$1,590.00 | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the fifth month:  | \$2,160.00 | \$0.00 |
| EXTENSION FEE TOTAL:   |            | \$0.00 |
| <input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. § 1.20(d):   | \$130.00   | \$0.00 |
| CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:                                    |            | \$0.00 |
| <input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):        |            | \$0.00 |
| TOTAL FEE:   |            | \$0.00 |

If any extensions of time are needed for timely acceptance of papers submitted herewith, the Applicant hereby petitions for such extension under 37 C.F.R. § 1.136 and authorizes payment of any such extensions fees to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

12-16-05

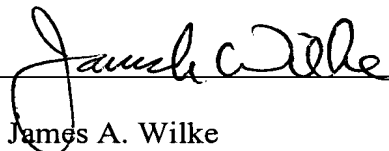
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By



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